



**Case Summary.** In this case, stent folding was caused by pushing of the manual aspirational catheter at the distal end of the stent. The folded portion of stent can be a trigger to form thrombus. So an aspiration catheter should be carefully manipulated after stent implantation. Additional stent insertion in severe incomplete stent apposition of self-expandable stent is a good rescue method to make the lumen patent.

#### TCTAP C-163

#### Rare Infectious Aneurysms of Right SFA Which Was Expanded to Avoid a Stent

Takashi Fujimura<sup>1</sup>

<sup>1</sup>Shin-Koga Hospital, Japan

#### [CLINICAL INFORMATION]

**Patient initials or identifier number.** 08629201

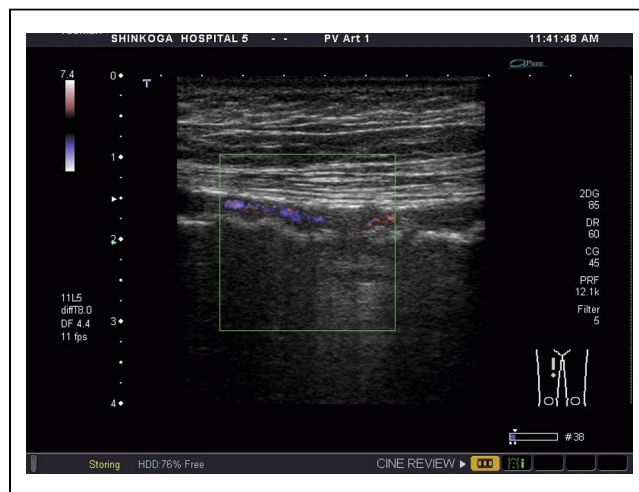
**Relevant clinical history and physical exam.** A 50-year-old man previously treated for leg claudication was admitted to hospital for in stent restenosis.

He had been stented to right SFA in July, 2010, and, had many risk factors dyslipidemia, current smoking, hypertension, diabetes mellitus, chronic kidney disease, and hemodialysis.

**Relevant test results prior to catheterization.** The ABI decrease at both side, right side 0.25 and left side 0.41.

Lower limbs artery echo could not check enough by hard calcification, but slightly blood stream was confirmed, and it was mean that right SFA is not occluded.

CT angiography showed right SFA severe stenosis and tandem lesion, and left side too.



**Relevant catheterization findings.** He was treated twice, because of right SFA stent was occluded after first session.

On July 25, 2014, we performed first session.

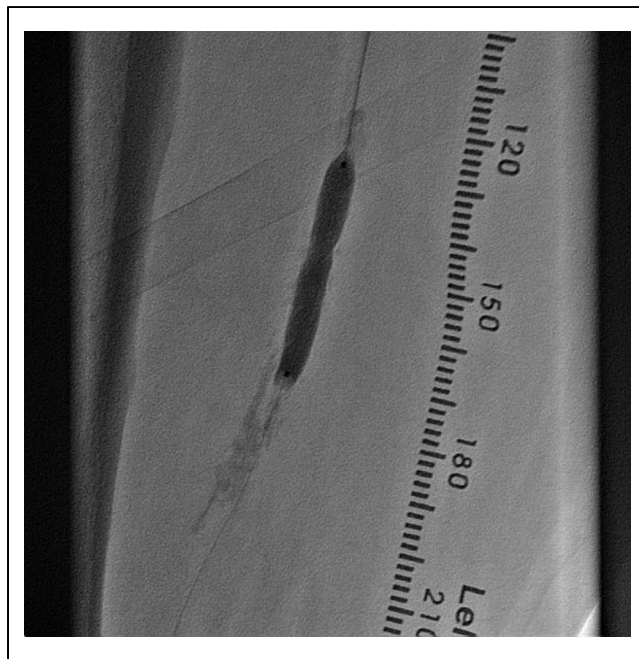
A six French guiding-catheter was engaged at the left femoral artery.

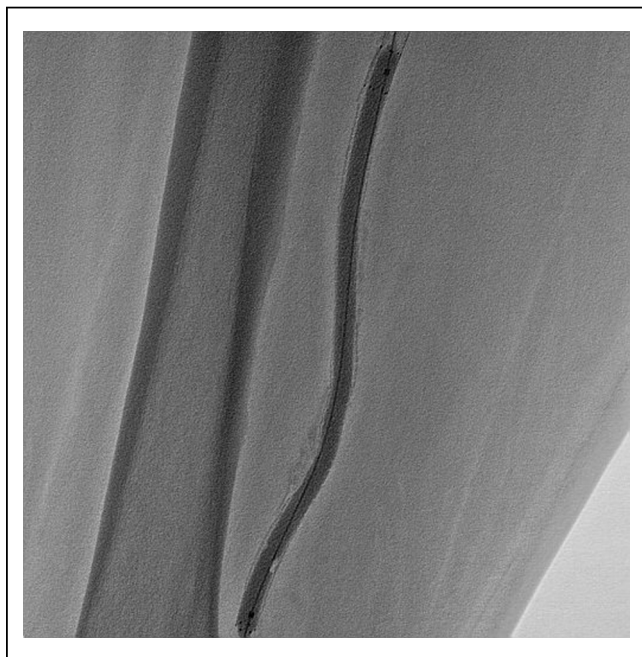
Baseline angiography via the left femoral artery showed a severe stenosis at the same as that seen on CT.

We performed stent after POBA for right SFA lesion.

But, only 8 days after this lesion was occluded.

Therefore, we performed second session, expanded the stent by balloon catheter again.





#### [INTERVENTIONAL MANAGEMENT]

**Procedural step.** First session for right SFA severe stenosis

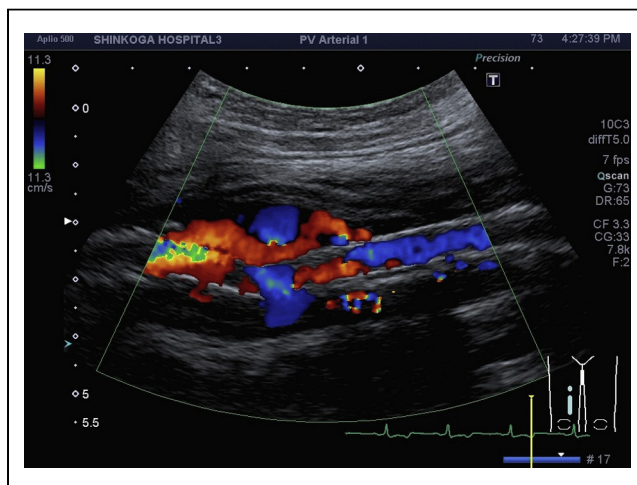
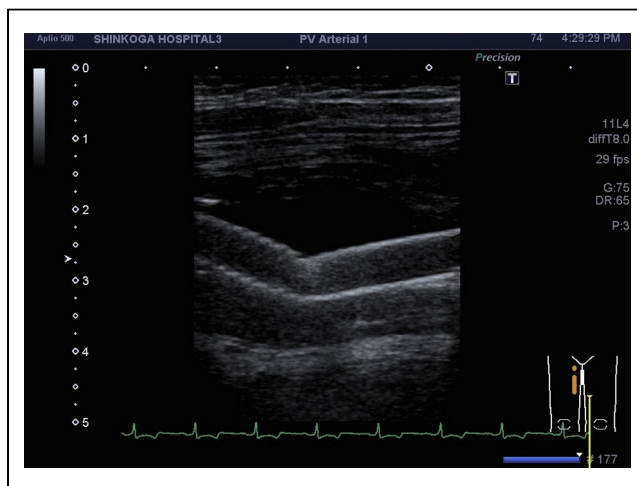
We passed a wire (Hi-Torque Command, Abbott Vascular Japan) for the right SFA lesion with micro-catheter (Corsair 150cm, Asahi-Intecc), and expanded scoring balloon (Angio Sculpt 6mm/40mm, AngioScore) in this lesion, and next, performed stenting (SMART 6mm/150mm, 6mm/150mm, Cordis).

Second session for right SFA acute occlusion

We passed a wire (Radifocus 0.0335inch 300cm, Terumo) for the right SMART stent from left femoral artery.

Thrombus was eliminated by absorbing it from a guide catheter (Glidecath 5French, Terumo).

Next, we expanded the stent by balloon catheter (BARD RIVAL 5.0mm/150mm, Medicon) again. In result, blood flow was improved.



**Case Summary.** After four days, the patient got a fever of 38 degrees. CRP level was 38.1mg/dl. We suspected his fever was from infection. And his physical findings were abnormal, right femur was swollen with pain. He became sepsis.

Ultrasonography showed right SFA aneurysms. Right SFA was expanded to avoid a stent.

Infection did not calm down though the patient was under the medical treatment in antibiotic.

Therefore, we removed foreign material (STENT) from his femur.

In result blood flow were more worsen, therefore he was performed AK.

But, his infection was improved.

In this case, we experienced infectious aneurysm after EVT.

We must consider this case, if patients after EVT got fever.

#### TCTAP C-164

##### Non Contrast Stent Implantation to Superior Mesenteric Artery for Chronic Mesenteric Ischemia with Advanced Chronic Kidney Disease

Keisuke Fukuda<sup>1</sup>

<sup>1</sup>Kishiwada Tokusuyukai Hospital, Japan

#### [CLINICAL INFORMATION]

**Patient initials or identifier number.** T.K.

**Relevant clinical history and physical exam.** An 81-year-old female was presented with postprandial abdominal pain and 10-kg body weight loss for the past 6 months. She developed sitophobia (fear of food). Her medical history included coronary stenting for effort angina five years previously and a long standing history of hypertension, dyslipidemia, and current smoking. She was also identified a shaving stage 4 chronic kidney disease (CKD) and advised to prepare for renal replacement therapy.

